

JUROR QUESTIONNAIRE

Name _____ Juror Number _____

Zip Code _____ Age ☐ 18-30 ☐ 31-50 ☐ 51-65 ☐ 65+

Occupation _____ Employer _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

List all other members of your household including children:

Name	Relationship	Age	Occupation

- | | |
|--|--|
| 1. Have you ever served as a juror in a criminal trial? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you or anyone close to you ever been an eyewitness to a crime? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you or anyone close to you ever been the victim of a crime: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date _____ Crime _____. | |
| 4. Have you or anyone close to you ever been charged with a crime: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date _____ Crime _____. | |
| 5. Have you or anyone close to you ever been convicted of a crime? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date _____ Crime _____. | |
| 6. Have you or anyone close to you ever worked as a law enforcement officer? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have you or anyone close to you ever worked in any other law-related job? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Are you an employee of the Department of Correction? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Are you a spouse or child of an employee of the Department of Correction? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Can you be a fair and impartial juror in a criminal trial? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| *** | |
| 11. Have you ever served as a juror in a civil trial? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Have you or anyone close to you ever been employed by or owned stock in any insurance company? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name the insurance company: _____. | |
| 13. Have you or anyone close to you ever been injured in an accident? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Have you or anyone close to you ever been a party to a lawsuit? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. Can you be a fair and impartial juror in a civil trial? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. Do you have a problem that would prevent you from serving as a juror? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Explain the problem: _____. | |

I affirm under penalties for perjury that the answers to all questions are true and correct.

Date _____

Signature _____